



**Client and Family Leadership Committee (CFLC) Teleconference Meeting Summary**  
**Date: Thursday, June 17, 2021 | Time: 1:00 p.m. – 3:30 p.m.**

**MHSOAC**  
**1325 J Street, Suite 1700**  
**Sacramento, CA 95814**

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**Committee Members:**

**Staff:**

**Other Attendees:**

Khatera Tamplen, Chair Tina Wooton, Vice Chair Hufsa Ahmad Donella Hyrkas Ceclre Rayshell Chambers Emery Cowan Kylene Hashimoto Kellie Jack Richard Krzyzanowski Kontrena McPheter BeJae North Larisa Owen Jules Plumadore Jason Robison Sharon Yates  <u>CLCC Members in Attendance:</u> Mayra Alvarez, Chair Jonathan Lee Veronica Chavez	Toby Ewing Kayla Landry Matthew Lieberman Tom Orrock Norma Pate Maureen Reilly	Ahmad Bahrami Elizabeth R. Stone
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Committee members absent: Claribette Del Rosario, Rose Lopez, and Susan Wynd Novotny

**Welcome, Introductions, and Opening Remarks**

Commissioner Khatera Tamplen, Committee Chair, called the meeting to order at approximately 1:00 p.m. and welcomed everyone. She welcomed members of the MHSOAC Cultural and Linguistic Competency Committee (CLCC) and stated were in attendance as the presentation and discussion later in the agenda will be valuable to the work of both Committees.

Chair Tamplen asked for a moment of silence and reflection in honor of Richard Van Horn, who recently passed away. Committee Members shared their memories and gratitude for Mr. Van Horn's work and accomplishments in the mental health field.

Chair Tamplen reviewed the meeting protocols and the meeting agenda.

Tom Orrock, Chief of Stakeholder Engagement and Commission Grants, called the roll and confirmed the presence of a quorum.

### **Agenda Item 1: Action – Approval of Meeting Minutes**

Chair Tamplen asked for a motion to approve the meeting minutes for the April 15, 2021, CFLC meeting.

Committee Member McPheter made a motion to approve the minutes as presented. The motion was seconded by Committee Member Hashimoto.

Vote recorded with participating members as follows:

- Approve: Committee Members Ahmad, Cecrle, Chambers, Cowan, Hashimoto, Jack, Krzyzanowski, McPheter, North, Owen, Plumadore, Robison, and Yates, Vice Chair Wooton, and Chair Tamplen.

### **Agenda Item 2: Presentation – Impact of Peer Certification on Transition Age Youth**

#### **Presenters:**

- Rosha Feizi and Lilly Ahmed, Orange County MECCA TAY Action Team in collaboration with California Youth Empowerment Network

Chair Tamplen stated the Committee will hear a presentation on the implementation of Peer Support Specialist Certification and the impact on the transition age youth (TAY) community.

Rosha Feizi and Lilly Ahmed, Orange County MECCA TAY Action Team, provided an overview, with a slide presentation, of the purpose of the TAY Team, qualifications of Peer Support Specialists, Senate Bill (SB) 803, core-competencies-based curriculum, and impacts of peer specialists in the community. They stated "core competencies" means the foundational and essential knowledge, skills, and abilities required for peer specialists. They stated the need to improve SB 803 in support of Peer Support Specialists to have more experience with youth minority communities.

### **Agenda Item 3: Racial Equity Action Plan (REAP)**

#### **Presenter:**

- Tamu Green, Ph.D., Equity and Wellness Institute

Chair Tamplen stated the Committee will hear a presentation on the Commission's progress toward the creation of a REAP to address inequities that may exist within Commission functions as well as inequities impacting the broader mental health system.

She stated this item is a continuation of the May 13, 2021, CLCC meeting. The Committee will be joined today by members of the CLCC for the presentation and discussion.

Dr. Tamu Green, CEO, Equity and Wellness Institute, provided an overview, with a slide presentation, of the Commission's mission, Capitol Collaborative on Racial Equity (CCORE) team members, what a racial equity action plan is, examples from other state agencies, the process to date, and potential areas of focus. She stated the CCORE team worked on a Root Cause Analysis and identified two areas that are contributing to racial disparities in mental health – distrust of the mental health system due to trauma with multiple systems, and the fact that the mental health system is based on a Western medical model, which emphasizes deficits and diagnoses and is not focused on environmental stressors.

Chair Tamplen asked for input on the REAP.

#### Committee Member Feedback and Discussion

- Reach out to communities to learn what is needed for a racially equitable mental health system.
- Demographics do not work with small counties because the same individuals attend multiple meetings. Record the nonprofits that were reached out to that are addressing these communities.
- Invest in marketing. Marketing companies do research, work with organizations, and have a lens outside of behavioral health.
- Ask demographic questions properly in terms of how individuals identify.
- Moving outside the system is important.
- Engage with more than the 12 contracted stakeholders.
- Work with individuals and organizations that already have good relationships with counties.

Committee Member Ahmad asked who are answering these questions.

Dr. Green stated the CLCC and the 12 contracted stakeholders.

Committee Member Krzyzanowski suggested an article in the Atlantic Magazine about multi-racial families in the United States and how that is a huge growing demographic. It is challenging for traditional categories to capturing the complexity. He asked if Dr. Green has encountered tension between race and culture.

Dr. Green agreed that there is tension between race and culture in that culture is broad and encompasses race. She stated addressing racism head-on is a process; the process itself can be more beneficial even than the product that comes out of it because it is about learning and engagement that must be done along the way.

Committee Member Krzyzanowski stated the client movement has revolved around being listened to, trying to push back against labels, and trying to give individuals the dignity and the respect to self-define. He asked if these considerations have come up in Dr. Green's work.

Dr. Green agreed that the question around the respect to self-define is huge. She stated this will be incorporated in all processes. Being a government agency, this is a challenge. She suggested letting individuals self-define in small groups; big groups can be challenging.

#### Public Comment

Ahmad Bahrami, Fresno County Department of Behavioral Health, suggested working with community partners and asking counties to work with community-based organizations that know their communities best. The speaker suggested physically going out to the communities and tailoring gifts to each community to incentivize them to participate since gift cards are not always appreciated or accessible for communities. He gave the example, of providing rice cookers to raffle off and bags of rice for each participant for the older Southeast Asian population.

Dr. Green asked how to approach counties to encourage them to utilize that model.

Ahmad Bahrami suggested asking counties to assist the Commission in doing something that worked for them, based on their community planning process that they shared with the Commission and is in their plan. The speaker suggested asking counties how they did their community planning process, their top locations, and key partners who could bring in large numbers of community members.

Dr. Green suggested that counties support each other by training, teaching, or coaching other counties to do something similar. She asked if it would make sense for the Commission to compensate counties that are in that peer-type role.

Ahmad Bahrami stated counties do not need to be compensated because it is part of knowledge sharing that is already a standard practice. The speaker stated their county does a lot of knowledge sharing, such as the MHSA Boot Camp, which includes breakout sessions on sharing about how they do their community planning process and how to make it more effective. The speaker stated virtual sessions broaden participation throughout the county that often include individuals from underrepresented groups as well as geographic areas that do not ordinarily participate.

#### **Agenda Item 4: Strategies to Promote Peer Support Specialist Implementation**

Chair Tamplen stated the Committee will consider the adoption of a specific strategy to assist county behavioral health programs with their implementation of peer provider services in mental health. The Committee will consider creation of a Peer Support Specialist Implementation Guide and discuss the components to be included in the Guide.

Chair Tamplen asked everyone to send staff links to the resources that support examples of data around how services are making an impact, strategies that have worked, and other ideas.

Chair Tamplen asked for input on strategies for peer support specialists.

#### Committee Member Feedback and Discussion

- Include focus groups with peer specialists in the community.

- Include a section on peer compensation in the Implementation Guide.
  - A livable wage is important – if a wage range is listed, the lowest wage is often offered.
- Documentation standards should be included in the Guide.
  - It is important that documentation is not burdensome.
- Include expectation/differences between peers and clinicians in the Guide so peers do not become “mini clinicians.”
- Include an explanation that peer relapses will occur. Agencies should plan how to support peers when they are going through that process.
- Include the preference that peers supervise peers in the Guide.
- Do not give productivity requirements for peers. Productivity requirements bring negative outcomes.
- Train everyone who works with peers to understand how to best collaborate, supervise, train, and promote peers.
- Systemwide training is important to better understand who and what they are getting and how to work with peers.
- Include ongoing training for peers in the workforce.
- Include career development for peers with opportunities for advancement. Peers are needed in all positions.
- Create a survival kit for peers that goes beyond what to do, how to do it, and where to go when stigma is encountered. Peers need practical strategies and mechanisms that they can use in the workplace.
- Peers need to know about the Americans with Disabilities Act (ADA) protections and remedies and the types of programs within counties that can be supportive to peers to help them confront stigma and discrimination.
- Unions can be a great ally in addressing inequity and injustice in the workplace.
- Add stigma and discrimination to the Guide.
  - Peers need to know who to contact in HR and about other peers to learn what has and has not worked around stigma and discrimination in the workplace.
- Create a mentorship program and make it an evidence-based practice.
- Coach and support peers.
- Create an implementation manual for independent agencies.
- Consider whether to create both a guide and a toolkit. A guide directs a course of action, while a toolkit is better for adaptation.
- Consider the level for the Guide to start. Recruitment level is important.
- The Guide should support both counties and community-based organizations.

- Look beyond Senate Bill (SB) 803 and its limited scope of Medi-Cal/Medicaid billing.
- Design implementation to maximize the effectiveness of peer support services. Documentation, training, and practice must reflect peer services rather than clinical services.
- Train the system about what peers are. The system needs to understand the difference between a person with lived experience, an advocate, and a provider of evidence-based peer services.
- Advocacy is needed at the legislative level for compensation. This is not an entry-level job. Some kind of compensation structure is needed to reflect that.
- Designate a mentor for each region. Mentoring and leadership is important.

Committee Member Ahmad offered to help with focus/support groups.

Committee Member Robison stated he sent a career ladder to staff, which is meant to help individuals orient to how they want to grow in the organization and in their career as a peer support specialist. He stated he also sent staff a draft manual/toolkit done in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of Statewide Health Planning and Development (OSHPD) on the Peer Supervision Project, and a link to the Department of Health Care Service's (DHCS's) Peer Workforce Investment Application. He offered to help with preparing for implementation.

Committee Member Jack requested someone to help provide mentoring and leadership in Humboldt County.

Chair Tamplen suggested defining terms. She asked staff to provide an outline of definitions at the August meeting for Committee Member reference.

Mr. Orrock suggested putting the resources sent to him by Committee Members and the public into categories, such as resources that are helpful for counties, community-based organizations, and peers.

Chair Tamplen agreed.

#### Public Comment

Elizabeth R. Stone stated their perspective has been evolving while attending meetings from other groups such as Peer Parent Partners and statewide meetings. The speaker stated they were struck by the variation among counties. The speaker stated they heard comments of concern about making guidelines where they can be perceived as onerous for small counties and counties that do not have a lived-experience peer infrastructure. The speaker stated historical Community Services and Supports (CSS) values are an exception in their community.

Elizabeth R. Stone suggested including in the Guide or toolkit how counties can approach developing something specific to their needs. The speaker stated they keep hearing comments against a statewide imposition of guidelines. Local control is a huge issue in California.

Elizabeth R. Stone asked how to support divergent counties to come on board, but in a way that also respects their local values. The speaker suggested holding focus groups that represent one experience of counties because it may be challenging for counties with different experiences to consider or buy into moving into peers.

Elizabeth R. Stone suggested thinking about how one values historical peer values or maintains the tension of spreading the word, when there might be resistance or even hostility, in a way that leads to a productive conversation and an understanding that enables peer certification to move forward.

## **Wrap-Up and Adjourn**

Committee Member Krzyzanowski suggested a future presentation and discussion on Fresno County's Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation Project.

Chair Tamplen thanked everyone for participating in today's meeting. She stated the next meeting will be held on August 19, 2021. She noted that the date of the October meeting will be changed due to overlap with the California Behavioral Health Planning Council. Possible dates for the October meeting will be discussed at the August meeting.

Chair Tamplen stated a virtual Brown Bag Orientation will be held on July 14<sup>th</sup> for Committee Members and members of the public. She asked Mr. Orrock for further details.

Mr. Orrock stated the purpose and goals of the Brown Bag Orientation are to provide an overview of the MHSA, the work of the Commission, and the role of Committees and other stakeholders in transforming the mental health system. Speakers include Executive Director Ewing, Commissioners, and staff who represent each of the Commission divisions.

Chair Tamplen adjourned the meeting in honor of Richard Van Horn, who she stated would be proud of the work being done by this Committee. She adjourned the meeting at approximately 3:45 p.m.